

<i>SERFF Tracking Number:</i>	<i>META-125725805</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>39548</i>
<i>Company Tracking Number:</i>	<i>W07-5 TO</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>CR6-G.LTC2008-COMP/W07-5 TO</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Group Long Term Care Insurance SERFF Tr Num: META-125725805 State: ArkansasLH

TOI: LTC03G Group Long Term Care SERFF Status: Closed State Tr Num: 39548

Sub-TOI: LTC03G.001 Qualified Co Tr Num: W07-5 TO State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Harris Shearer

Author: Sandra Bennett Disposition Date: 07/21/2008

Date Submitted: 07/08/2008 Disposition Status: Approved-Closed

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: CR6-G.LTC2008-COMP

Project Number: W07-5 TO

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/21/2008

State Status Changed: 07/21/2008

Corresponding Filing Tracking Number:

Filing Description:

The analyst is sumiting group long-term care insurance forms for your review and approval. Please see the cover letter for further details.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Group Market Type:

Deemer Date:

Company and Contact

Filing Contact Information

SERFF Tracking Number: META-125725805 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39548
Company Tracking Number: W07-5 TO
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: CR6-G.LTC2008-COMP/W07-5 TO

Thomas F. O'Connor Jr., Sr. Analyst-Contracts
Dev.

57 GREENS FARMS ROAD (203) 221-3834 [Phone]
WESTPORT, CT 06880

Filing Company Information

Metropolitan Life Insurance Company.	CoCode: 65978	State of Domicile: New York
1MetLife Plaza	Group Code: -99	Company Type: Life
Long Island City, NY 11101-4015	Group Name:	State ID Number:
(111) 111-1111 ext. [Phone]	FEIN Number: 13-5581829	

<i>SERFF Tracking Number:</i>	<i>META-125725805</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>39548</i>
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<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
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<i>Project Name/Number:</i>	<i>CR6-G.LTC2008-COMP/W07-5 TO</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$40.00
Retaliatory?	No
Fee Explanation:	\$20.00 per Certificate Rider.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$40.00	07/08/2008	21296380

SERFF Tracking Number:	META-125725805	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	39548
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TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group Long Term Care Insurance		
Project Name/Number:	CR6-G.LTC2008-COMP/W07-5 TO		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor (FM)	07/21/2008	07/21/2008

<i>SERFF Tracking Number:</i>	<i>META-125725805</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>39548</i>
<i>Company Tracking Number:</i>	<i>W07-5 TO</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>CR6-G.LTC2008-COMP/W07-5 TO</i>		

Disposition

Disposition Date: 07/21/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>META-125725805</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>39548</i>
<i>Company Tracking Number:</i>	<i>W07-5 TO</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>CR6-G.LTC2008-COMP/W07-5 TO</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	NAIC Transmittal Form	Approved-Closed	Yes
Form	Certificate Rider	Approved-Closed	Yes
Form	Certificate Rider	Approved-Closed	Yes

SERFF Tracking Number:	META-125725805	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	39548
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TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group Long Term Care Insurance		
Project Name/Number:	CR6-G.LTC2008-COMP/W07-5 TO		

Form Schedule

Lead Form Number: CR6-G.LTC2007/COMP							
Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	CR6-G.LTC2007-COMP	Policy/Cont	Certificate Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	CR6-G.LTC2007-COMP (NW) (11-27-07).pdf
Approved-Closed	CR6-G.LTC2007-NH	Policy/Cont	Certificate Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	CR6-G.LTC2007-NH (NW) (11-27-07).pdf



Metropolitan Life Insurance Company
[200 Park Avenue, New York, New York 10166]

CERTIFICATE RIDER

Group policy no.: [XXXXX-G]

Policyholder: [ABC Company]

Effective Date: [November 1, 2007]

The Certificate has been changed as follows:

1. The **DEFINITION** section is changed as follows:

[a. The definition of “**Assisted Living Facility**” is deleted and replaced with the following:

“**Assisted Living Facility**” means a facility that satisfies all of the following:

- If licensing or certification is required, maintains all appropriate licensing required under the laws of the jurisdiction in which it is located to provide Maintenance or Personal Care;
- provides 24-hour a day care and services sufficient to assist residents with needs which result from the inability to perform Activities of Daily Living or Severe Cognitive Impairment;
- has a minimum of 6 residents;
- uses aides trained or certified to provide Maintenance or Personal Care in accordance with any laws applicable to the provision of such care;
- provides 24 hour supervision of residents by a trained and awake staff;
- has formal arrangements for emergency medical care;
- maintains written records of services provided to each resident;
- provides residents with 3 meals a day; and
- has appropriate methods and procedures to assist in administering prescribed drugs where allowed by law.

The term includes any such facility that specializes in the care of persons with Alzheimer's disease and other dementias. **The term does not include** any facility used primarily as a hotel, motel, a place for rest, a place for treatment of drug addiction or alcoholism, retirement homes, congregate living, senior housing, other facilities primarily intended to provide residential services but not Maintenance or Personal Care, or other facilities primarily providing care for residents who are related to the owner or manager of the facilities.

If a facility has multiple licenses or purposes, only that section of the facility specifically meeting the definition of Assisted Living Facility will qualify as such.]

CERTIFICATE RIDER (Continued)

[b.] The definition of “**Home Care Agency**” is deleted in its entirety and replaced with the following:

“**Home Care Agency**” means an organization that:

- if licensing or certification is required in the jurisdiction in which it is located, is licensed or certified as a Home Care Agency under the laws of the jurisdiction in which it is located, or under a public health law or similar law, to provide home care services; or
- is recognized as a Home Care Agency by Medicare; or
- if licensing or certification as a home care agency is not required in the jurisdiction in which it is Located, meets all of the following:
 - has at least 5 clients;
 - develops and periodically reviews long-term care service plans at appropriate intervals;
 - uses Home Care Aides trained or certified to provide Maintenance or Personal Care in accordance with any laws applicable to the provision of such care;
 - provides on-site supervision of Home Care Aides by a Nurse or social worker;
 - provides on-call availability of a Nurse or a Physician in the event of a medical emergency during the hours that the Home Care Aide is in the client's home; and
 - maintains a written record of services provided to each client.

For the purpose of this definition, “social worker” means a licensed social worker including any social worker who has been issued a license, certificate, or similar authorization to act as a social worker by a jurisdiction or a body authorized by a jurisdiction to issue such authorizations, or a person with a Masters in Social Work from an accredited university.

[c.] The definition of “**Nursing Home**” is deleted and replaced with the following:

“**Nursing Home**” means a facility that provides skilled, intermediate or custodial care that meets all of the following requirements:

- if licensing or certification is required in the jurisdiction in which it is located, maintains all licensing or certification as a skilled or intermediate nursing facility;
- has 24 hour a day Nursing Care;
- has 24 hour a day Maintenance or Personal Care provided by a trained/certified and awake staff supervised by a Nurse;
- maintains a written record of services provided to each resident;

CERTIFICATE RIDER (Continued)

- has formal arrangements for emergency medical care; and
- provides residential services including, but not limited to, provision of food, shelter and laundry.

The term includes any such facility that specializes in the care of persons with Alzheimer's disease and other dementias. **The term does not include** any facility used primarily as a Hospital (except a distinct part of a Hospital that is a nursing facility), a residential facility, hotel, motel, place for rest, home for the aged, sheltered living accommodation, facility for the treatment of mental illness, Assisted Living Facility; continuing care retirement community or similar entity, a place for treatment of drug addiction or alcoholism, or other facility primarily providing care for residents who are related to the owner or manager of the facility.

[2. In the section entitled "**What Services are Covered Under This Plan**", the definition of "**Alternate Plan of Service**" is deleted and replaced with the following:

"**Alternate Plan of Service**" means Qualified Long –Term Care Services pursuant to a Plan of Care which are not otherwise specifically defined above as a Covered Service. An Alternate Plan of Service will be a Covered Service if We determine, in Our sole discretion, that all of the following requirements are met with respect to each such plan:

- it falls within guidelines established by Us for an approved Alternate Plan of Service;
- it effectively meets Your long-term care service needs; and
- it is not provided by a member of Your Immediate Family.

If these requirements are met We will pay Benefits for an Alternate Plan of Service that is equal to the lesser of:

- 100% of the charge incurred for Covered Services provided; and
- the Benefit for the most closely related defined Covered Service, as determined by Us.

An Alternate Plan of Service may be, for You, a cost-effective alternative to the services otherwise covered under This Plan.]

CERTIFICATE RIDER (Continued)

[[3].The Exclusions section is modified as follows:

[a. The following exclusion is deleted:

Care specifically provided for detoxification of or rehabilitation for alcohol or drug abuse (chemical dependency), except drug abuse sustained at the hands of or while being treated by a Physician for an injury or sickness.

b. The following will replace the exclusion deleted above:

Care in a facility that provides services primarily for detoxification of or rehabilitation for alcoholism or drug addiction (chemical dependency), except drug addiction sustained at the hands of or while being treated by a Physician for an injury or sickness.]

[c. The following exclusion is deleted:

Illness, treatment or medical condition arising out of aviation (this applies only to non-fare paying passengers).]

[d. The following exclusion is deleted:

Treatment provided in a government facility, unless otherwise required by law.]]

The Effective Date of this rider is the later of the Effective Date shown above or Your Original Effective Date shown in the Schedule of Benefits.

This rider is to be attached to and made a part of the Certificate.



Metropolitan Life Insurance Company
[200 Park Avenue, New York, New York 10166]

CERTIFICATE RIDER

Group policy no.: [XXXXX-G]

Policyholder: [ABC Company]

Effective Date: [November 1, 2007]

The Certificate has been changed as follows:

1. The **DEFINITION** section is changed as follows:

[a. The definition of “**Assisted Living Facility**” is deleted and replaced with the following:

“**Assisted Living Facility**” means a facility that satisfies all of the following:

- If licensing or certification is required, maintains all appropriate licensing required under the laws of the jurisdiction in which it is located to provide Maintenance or Personal Care;
- provides 24-hour a day care and services sufficient to assist residents with needs which result from the inability to perform Activities of Daily Living or Severe Cognitive Impairment;
- has a minimum of 6 residents;
- uses aides trained or certified to provide Maintenance or Personal Care in accordance with any laws applicable to the provision of such care;
- provides 24 hour supervision of residents by a trained and awake staff;
- has formal arrangements for emergency medical care;
- maintains written records of services provided to each resident;
- provides residents with 3 meals a day; and
- has appropriate methods and procedures to assist in administering prescribed drugs where allowed by law.

The term includes any such facility that specializes in the care of persons with Alzheimer's disease and other dementias. **The term does not include** any facility used primarily as a hotel, motel, a place for rest, a place for treatment of drug addiction or alcoholism, retirement homes, congregate living, senior housing, other facilities primarily intended to provide residential services but not Maintenance or Personal Care, or other facilities primarily providing care for residents who are related to the owner or manager of the facilities.

If a facility has multiple licenses or purposes, only that section of the facility specifically meeting the definition of Assisted Living Facility will qualify as such.]

CERTIFICATE RIDER (Continued)

[b.] The definition of “**Nursing Home**” is deleted and replaced with the following:

“**Nursing Home**” means a facility that provides skilled, intermediate or custodial care that meets all of the following requirements:

- if licensing or certification is required in the jurisdiction in which it is located, maintains all licensing or certification as a skilled or intermediate nursing facility;
- has 24 hour a day Nursing Care;
- has 24 hour a day Maintenance or Personal Care provided by a trained/certified and awake staff supervised by a Nurse;
- maintains a written record of services provided to each resident;
- has formal arrangements for emergency medical care; and
- provides residential services including, but not limited to, provision of food, shelter and laundry.

The term includes any such facility that specializes in the care of persons with Alzheimer’s disease and other dementias. **The term does not include** any facility used primarily as a Hospital (except a distinct part of a Hospital that is a nursing facility), a residential facility, hotel, motel, place for rest, home for the aged, sheltered living accommodation, facility for the treatment of mental illness, Assisted Living Facility; continuing care retirement community or similar entity, a place for treatment of drug addiction or alcoholism, or other facility primarily providing care for residents who are related to the owner or manager of the facility.

[2. In the section entitled What Services are Covered Under This Plan, the definition of “**Alternate Plan of Service**” is deleted and replaced with the following:

“**Alternate Plan of Service**” means Qualified Long –Term Care Services pursuant to a Plan of Care which are not otherwise specifically defined above as a Covered Service. An Alternate Plan of Service will be a Covered Service if We determine, in Our sole discretion, that all of the following requirements are met with respect to each such plan:

- it falls within guidelines established by Us for an approved Alternate Plan of Service;
- it effectively meets Your long-term care service needs; and
- it is not provided by a member of Your Immediate Family.

If these requirements are met We will pay Benefits for an Alternate Plan of Service that is equal to the lesser of:

- 100% of the charge incurred for Covered Services provided; and
- the Benefit for the most closely related defined Covered Service, as determined by Us.

An Alternate Plan of Service may be, for You, a cost-effective alternative to the services otherwise covered under This Plan.]

CERTIFICATE RIDER (Continued)

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b. The following will replace the exclusion deleted above:

Care in a facility that provides services primarily for detoxification of or rehabilitation for alcoholism or drug addiction (chemical dependency), except drug addiction sustained at the hands of or while being treated by a Physician for an injury or sickness.]

[c. The following exclusion is deleted:

Illness, treatment or medical condition arising out of aviation (this applies only to non-fare paying passengers).]

[d. The following exclusion is deleted:

Treatment provided in a government facility, unless otherwise required by law.]]

The Effective Date of this rider is the later of the Effective Date shown above or Your Original Effective Date shown in the Schedule of Benefits.

This rider is to be attached to and made a part of the Certificate.

<i>SERFF Tracking Number:</i>	<i>META-125725805</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>39548</i>
<i>Company Tracking Number:</i>	<i>W07-5 TO</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>CR6-G.LTC2008-COMP/W07-5 TO</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	META-125725805	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	39548
Company Tracking Number:	W07-5 TO		
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group Long Term Care Insurance		
Project Name/Number:	CR6-G.LTC2008-COMP/W07-5 TO		

Supporting Document Schedules

		Review Status:	
Bypassed -Name:	Certification/Notice	Approved-Closed	07/21/2008
Bypass Reason:	The requirement listed above is not applicable for this filing submission.		
Comments:			

		Review Status:	
Bypassed -Name:	Application	Approved-Closed	07/21/2008
Bypass Reason:	The requirement listed above is not applicable for this filing submission.		
Comments:			

		Review Status:	
Bypassed -Name:	Health - Actuarial Justification	Approved-Closed	07/21/2008
Bypass Reason:	The requirement listed above is not applicable for this filing submission.		
Comments:			

		Review Status:	
Bypassed -Name:	Outline of Coverage	Approved-Closed	07/21/2008
Bypass Reason:	The requirement listed above is not applicable for this filing submission.		
Comments:			

		Review Status:	
Satisfied -Name:	Cover Letter	Approved-Closed	07/21/2008
Comments:	Cover Letter		
Attachment:	W07-5 TO Filing Letter-AR (06-24-08).pdf		

		Review Status:	
Satisfied -Name:	NAIC Transmittal Form	Approved-Closed	07/21/2008
Comments:	NAIC Transmittal Form		
Attachment:			

SERFF Tracking Number: META-125725805

State: Arkansas

Filing Company: Metropolitan Life Insurance Company.

State Tracking Number: 39548

Company Tracking Number: W07-5 TO

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: CR6-G.LTC2008-COMP/W07-5 TO

NAIC Transmittal Form (AR) (06-24-08).pdf

Thomas F. O'Connor
Institutional Contracts

July 10, 2008

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Group Long-Term Care Insurance
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose for filing final printed copies of the group long-term care insurance forms listed below.

Form Number	Description
CR6-G.LTC2007/COMP	Certificate Rider intended to update certain provider definitions with respect to licensure requirements per revised long-term care insurance regulations recently adopted by your Department. This rider will be used with certificate form G.LTC297 that was approved by your Department on September 28, 1998
CR6-G.LTC2007/NH	Certificate Rider intended to update certain provider definitions with respect to licensure requirements per revised long-term care insurance regulations recently adopted by your Department. This rider will be used with certificate form G.LTC397 that was approved by your Department on September 28, 1998.

The forms enclosed in this filing are for use with the following previously approved policy forms:

G.LTC197	Single Employer Policy	Approved	September 28, 1998
G.LTC1597	Trust Policy	Approved	September 1, 1998
GPNP99-LTC	Non-participating Policy	Approved	February 22, 2000
G.LTC297	Certificate/Comprehensive	Approved	September 28, 1998
G.LTC397	Certificate/Nursing Home	Approved	September 28, 1998

Filing Fees

We enclose the required filing fee, if required.

Readability Certification

The officer signing below certifies that the forms listed below achieve the Flesch Reading Ease scores set forth below:

CR6-G.LTC2007/COMP	50.50
CR6-G.LTC2007/NH	50.24

Correspondence Instructions

Please address all correspondence regarding the above filing to me at:

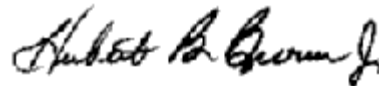
Metropolitan Life Insurance Company
Contract Filing Unit
1 MetLife Plaza, Area 6E
Long Island City, New York 11101-4015

If you have any questions or comments that you feel could best be handled by contacting me by telephone, fax or e-mail please see upper left-hand corner of the first page of this letter for correspondence information.

Sincerely,



Thomas F. O'Connor
Senior Contract Analyst



Herbert B. Brown, Jr.
Vice President


Life, Accident & Health, Annuity, Credit Transmittal Document

Reset Form

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Co. 27-01 Queens Plaza N. 6 th Floor Long Island City, NY 11101-4015	NY		241	65978	13-5581829	
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
	Thomas F. O'Connor 57 Greens Farms Road Westport, CT 06880	(203) 221-3834	(203) 221-3348		toconnor1@metlife.com		
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number: W07-5 TO						
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #						
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input checked="" type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	LTC031- Group Long-Term Care Insurance					
10.	Product Coding Matrix Matrix Filing Code	LTC031.001 - Qualified					

11.	Submitted Documents	<input checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATES: _____ Please explain: SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	July 8, 2008
13.	Filing Fee (If required)	Amount <u>40</u> .00 Check Date <u>EFT</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	N/A
15.	Filing Description: See Cover Letter	

View Complete Filing Description

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Alabama</u></p> <p>Print Name <u>Thomas F. O'Connor</u> Title: <u>Senior Contract Analyst</u></p> <p>Original Signature <u></u> Date: <u>July 8, 2008</u></p>		

Effective March 1, 2007

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		W07-5 (TO)
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replace Form Number
	Description			Previous State Filing Number
01	Certificate Rider	CR6-G.LTC2007/COMP	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Rider to amend certificate form G.LTC297			
02	Certificate Rider	CR6-G.LTC2007/NH	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Rider to amend certificate form G.LTC397			
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

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